



The State of Delaware

Centers of Excellence Follow-up

January 22, 2018

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COE follow-up from SEBC meeting on December 11, 2017

- Several questions have been identified following the SEBC vote on 12/11/17 to implement the following changes to the GHIP effective 7/1/18:
 - Adopt a limited set of COE services (Orthopedic and Spine) with Highmark and Aetna
 - Adopt a plan design that reflects higher copay for members utilizing non-COE facilities

Question	SBO / WTW point-of-view	Aetna & Highmark comments
Potential impact to members under age 18?	COE requirement should not apply to pediatric patients.	Able to exclude children (under age 18), therefore the higher copay for use of non-COE facility would not apply to those members.
If a member makes a plan choice based on a COE designation and that changes during the plan year, how would a scenario where one of these facilities loses status as a COE be addressed?	Similar to a similar situation where a PCP or specialist leaves the network, members should not be allowed to change plans.	If the facility loses COE designation, the member would need to receive care at another actively designated COE provider in order for the lower copay to apply, or an exception could be made by the State.
Do the medical TPAs' other customers consider exceptions/appeals to waive a copay for providers who leave a network—or other situations?	Given the first year, an exception/appeal process would be ideal for these situations.	The member can always appeal a claim; however if the appeal is not granted, the State (as a self-funded plan sponsor) may choose to pay as an exception. Establishing an exception process would create a better member experience without forcing the member to exhaust the appeal process via the health plan before appealing to the State as the plan sponsor.
For a member who is already in the process of receiving treatment (or has identified/scheduled treatment) prior to July 1, 2018, can an exception be made if that facility/provider is non-COE?	<p>An exception should be considered for this member, at the discretion of the plan sponsor.</p> <p>SBO, in conjunction with Aetna and Highmark, will be working through the details of an exception / transition of care process, including identifying and defining the relevant factors necessary to grant an exception (i.e., visits to a physician, timeframe, etc.)</p>	As a self-funded plan sponsor, the State may choose to pay as an exception.

Center of Excellence request for proposal

- WTW has been engaged to support the SBO in administering a Request for Proposal (RFP) to the marketplace associated with carve-out/third party Centers of Excellence (COE) vendors
- RFP questionnaire will include the following topics:
 - Qualitative section
 - Vendor experience
 - Vendor administrative capabilities
 - Member experience using the vendor's COE network
 - Vendor vision/plans for future of COE network for GHIP
 - Quantitative section
 - Vendor network
 - Vendor recommendations on optimal plan design to achieve desired utilization, quality outcomes and savings
 - Includes drivers of utilization such as shared savings, and travel/lodging benefit
 - Vendor cost (implementation and ongoing)
 - Vendor savings analysis

Center of Excellence request for proposal timeline

